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Adventure Therapy with Girls At-Risk: Responses to Outdoor Experiential Activities

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The purpose of this interpretive study was to explore the feelings, attitudes, and perceptions of girls at-risk following their participation in outdoor experiential activities in the context of adventure therapy. The experiential activities included 4-day backpacking trips and high and low ropes course initiatives. The girls resided in a same-gender outdoor-based psychiatric rehabilitation facility. In-depth interviews were conducted and the qualitative data were analyzed through constant comparison. Nine girls between the ages of 13 and 18 participated in the study. Four major themes encompassing perceptions of trust, empowerment, teamwork, and the recognition of personal value were constructed from the data. Practical and theoretical implications for therapeutic recreation include concepts surrounding issues of empowerment and constructivism.

KEY WORDS: *Adventure Therapy, Experiential Activities, Girls At-Risk, Qualitative Research*

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Introduction

According to the Office of Juvenile Justice and Delinquency Prevention, the juvenile population as a whole is expected to increase 8% between 1995 and 2015 (Snyder & Sickmund, 1999). As a result, the nation's youth who are considered to be at-risk are potentially increasing in numbers. Factors that may cause youth to be identified as being at-risk include poverty, physical or learning disabilities, being a victim of crime, abuse or neglect, and having parents who abuse substances (Bureau for At-Risk Youth, 2001a). Such factors can place youth at a greater risk for one or more of the following: substance abuse, low educational achievement, antisocial behavior, violence, gangs, school truancy or dropout, running away, teen pregnancy, depression, or suicide (Bureau for At-Risk Youth).

Witt and Crompton (1996) emphasized that the significant challenges presented by at-risk youth have sparked an intense interest among some recreation agencies to target this population in their programming. Recreation-based prevention and intervention services for youth at-risk have been in demand and have become more prevalent in recent years (Witt & Crompton). However, the overall concept behind such programs has existed within the field since the early 20th century. The play and recreation movements of the past concentrated on developing character and providing alternatives to other forms of less desirable leisure expression (Kelly & Godbey, 1992). As stated by Witt and Crompton:

> The field has a distinguished heritage in this area. Indeed, a primary cornerstone upon which public recreation services were founded was the belief that recreation can make a substantive contribution to alleviate the impact of nonproductive, personally destructive, and/or antisocial actions by youth. (p. 3)

This cornerstone still exists in today's recreation services.

In general, the problems of today's youth have intensified over the years to where interventions from many different service areas remain crucial. Various types of recreation services, human services, and health care organizations have also reacted to the alarming statistics concerning youth at-risk, including therapeutic recreation service providers. One type of program more recently introduced in the field of therapeutic recreation, which addresses the needs of troubled youth, is adventure therapy (Berman & Davis-Berman, 2000; Datillo, 2000).

Adventure Therapy

Adventure therapy is used as an intervention within the field of therapeutic recreation where outdoor experiential activities can be used to accomplish treatment-related goals (Datillo, 2000). The nature of experiences within such a therapy provides therapeutic recreation specialists with a useful technique to facilitate behavioral and attitudinal change within their clients (Datillo). Adventure therapy can provide empowering outcomes for those who experience low self-perceptions and who engage in self-destructive behaviors.

Adventure therapy can occur in wilderness settings or within a variety of facility-based settings (e.g., inclusive, psychiatric, physical rehabilitation, educational, and correctional; Datillo, 2000). Adventure therapy programs are often used in therapeutic recreation contexts to treat individuals who have been diagnosed with mental health problems (Berman & Davis-Berman, 1995, 2000; Chakravorty, Trunnell, & Ellis, 1995; Datillo; Pommier & Witt, 1995; Tate & Ellis, 1997). Although adventure therapy is sometimes used as an ancillary treatment to more traditional therapies in the psychiatric setting, it can also be used as the sole treatment modality (Berman & Davis-Berman). When adventure activities are used as therapy, programs typically involve processes of assessment, planning, strategic techniques, and documentation of change with the individual client and group of clients (Ber-

man & Davis-Berman; Brasile, Skalko, & burlingame, 1998).

In addition, when adventure therapy is provided as an intervention for at-risk youth, issues concerning gender should be taken into account by therapists. According to Gilligan (1991), evidence has indicated that the psychological needs of adolescent boys and girls are different in therapy because boys are more likely than girls to experience psychological crises in early childhood, while girls are more likely than boys to experience such crises during adolescence. Psychological crises for adolescent girls may be characterized by an increase in depression, eating disorders, poor body image, suicidal thoughts and gestures, and a decrease in girls' sense of self-worth (Gilligan, 1991). Girls experiencing these mental health conditions may be considered to be at-risk and labeled as such (Henderson & King, 1998). Gilligan (1991, 1993) also explained that therapy programs focusing solely on girls' needs can provide a structure that can strengthen healthy resistance and courage of adolescent girls experiencing psychological crises; same gender therapy programs can help adolescent girls recover lost voices and to tell lost stories they do not usually get to tell.

Previous research has revealed benefits of adventure therapy for youth at-risk (e.g., teamwork and increase in self-esteem); however, research on adventure therapy programs used in mental health settings that incorporate same gender environments for girls has been sparse. In addition, therapeutic recreation programs using such an intervention have shown to vary in the long-term impact of outcomes (Chakravorty, Trunnell, & Ellis, 1995; Hunter, 1987; Voight, 1988; Witman, 1993; Witman & Munson, 1992). Therefore, the overall purpose of this study was to explore adolescent at-risk girls' self-perceptions and meanings attached to activities after their participation in adventure therapy programs provided at a same gender psychiatric facility.

Literature Review

At-Risk Youth and Therapeutic Recreation

Recently, the Bureau for At-Risk Youth (2001b) reported national statistics concerning youth 18 years and under where the following incidences occurred within a 15-day period in the month of January 2001: (a) 20,493 youth had been arrested for drug abuse; (b) 695 had been wounded or killed by handguns; (c) 4,554 had been arrested for violent crimes; (d) 7,590 had been arrested as runaways; and (e) 21,632 babies had been born to unwed teenage girls. The Education Commission of the States (ECS; 1988) *Response on Youth At-Risk* declared that the increasing number of young people who are disconnected from their home or society pose grave threats to this nation's future, not to mention their own. Berman and Davis-Berman (1995) defined troubled youth or at-risk youth as those who have mental health problems or those who are in or have a propensity to enter into the juvenile court system.

Prevention and interventions can be vital for these troubled youth, whether these services are provided through correctional, educational, community, and/or mental health services. Therapeutic recreation practitioners may encounter youth at-risk in different settings such as parks and recreation youth services programs, schools, inpatient/outpatient clinical treatment centers, correctional facilities, and outdoor camping programs (ECS, 1988; Gass, 1993; Kraus & Shank, 1992; Krichbaum & Alston, 1991; Loughmiller, 1965; Schleien & O'Morrow, 1981; Schoel, Prouty, & Radcliffe, 1988). However, the majority of therapeutic programs for troubled youth fall under two categories: mental health or correctional (Berman & Davis-Berman, 1995). According to Carter, Van Andel, and Robb (1995), therapeutic considerations and clientele characteristics are similar within these two areas. Common therapeutic recreation programs provided within mental health or correctional settings for at-risk youth may

include social skills training, relaxation/stress reduction activities, family therapy, coping skills management, conflict management, assertiveness training, substance abuse therapy, and adventure therapy (Carter et al., 1995).

Adventure Therapy and Therapeutic Recreation

Adventure therapy is an intervention used in therapeutic recreation for at-risk youth populations (Datillo, 2000; Ewert, 1989; Gass, 1993). Most adventure therapy programs are geared toward youth who have been diagnosed with mental health problems (Berman & Davis-Berman, 2000). Outdoor experiential/adventure activities such as ropes course initiatives and outdoor activities (e.g., hiking, backpacking, rock climbing, camping, and canoe/raft trips) are often included in adventure therapy programs (Berman & Davis-Berman, 1995; Datillo, 2000; Robb & Ewert, 1987). Mental health programs use these activities in a variety of ways. Generally, components of adventure activities (e.g., trust, personal growth, and actual or perceived risk taking) are used intentionally in an attempt to help participants experience feelings of personal worth and to assume responsibility for their own actions (Berman & Davis-Berman, 1995, 2000; Datillo, 2000). As a result, attitudes developed during such experiences may help modify or eliminate inappropriate social behaviors or self-destructive behaviors (Ewert, 1989). Since adventure therapy for at-risk youth can encourage and enhance individual and group responsibility, decision-making, and self-reflection, it can be appropriately applied as an ancillary therapy to traditional therapies or as a sole therapy within the mental health setting (Berman & Davis-Berman, 2000; Johnson, 1992; Kimball, 1990; Laurence & Stuart, 1990; Schoel et al., 1988; Voight, 1988).

Because adventure therapy incorporates experiential activities as a means for therapeutic change in client behaviors and attitudes, it fits appropriately within the therapeutic recreation paradigm. According to Austin (1999), three principles that exist within adventure therapy can be applied to other programs provided within therapeutic recreation. First, adventure therapy can provide individualized challenges, which are achievable by the client and which lead to positive outcomes. Assisting clients to achieve a balance between individual challenge and skills is a key goal within the therapeutic recreation process (Peterson & Stumbo, 2000). Adventure therapy programs can provide an atmosphere for behavioral and attitudinal change and empower clients to develop more appropriate social behaviors and self-perceptions (Ewert, 1989; Kimball, 1990; Laurence & Stuart, 1990; Teschner & Wolter, 1984). Secondly, as in other therapeutic recreation contexts, the facilitator's role in adventure therapy is vital for therapeutic change; however, the emphasis remains on the client being able to increasingly become more responsible for changes in him/herself and in the treatment process (Austin). The goal is for the client to become empowered and ultimately self-determined. These concepts are essential outcomes in therapeutic recreation interventions. The third principle incorporates the importance of processing techniques as being critical to the client's treatment outcomes within therapeutic recreation and adventure therapy. Processing techniques may involve frontloading (addressing individual and group goals and expectations before the activity) and debriefing (providing closure and addressing individual and/or group treatment issues after the activity; Datillo, 2000). Behavioral, cognitive, and psychosocial changes and empowering conditions can be enhanced and generalized to other areas in the client's life as a result of such processing techniques (Austin; Datillo; Ewert).

The Efficacy of Adventure Therapy

Research in the fields of therapeutic recreation and psychology have demonstrated that adventure programs can be used to foster the

development of coping skills among adolescents considered to be at-risk and who have behavioral and/or emotional problems (Hunter, 1987; Kimball, 1990; Parker & Stoltenberg, 1995; Rawson, 1978; Voight, 1988; Witman, 1993; Witman & Munson, 1992). For example, Hunter found that adjudicated adolescent males participating in a short-term adventure program were individually affected in a profound and positive way. Participants in his study experienced an increase in self-confidence, appropriate communication, helping others in the group, and a willingness to express opinions and needs. Parker and Stoltenberg concluded that behaviors related to self-esteem, locus of control, and apathy of boys at-risk for delinquency improved after participating in a treatment program utilizing counseling and adventure-based interventions.

Conversely, Voight (1988) reported negative psychological effects such as increased levels of anxiety and stress after participants finished ropes course activities. She suggested that adventure activities could have a positive impact upon adolescents with emotional problems if program providers created experiences that were focused on the individual needs of the participants. Witman and Munson (1992) examined the outcomes of co-educational adventure activities for adolescents in psychiatric hospitals. Their study suggested that a notable deficiency existed in the documentation of identified outcomes from adventure activities as perceived by the adolescents themselves.

Although different outcomes were noted between several studies, several authors advocated for taking a therapeutic approach to adventure programs for at-risk youth (Berman & Davis-Berman, 2000; Voight, 1988; Witman & Munson, 1992). This would involve the processes of assessment, treatment planning, strategies, and documentation of change when working with individual clients. Such processes are central to therapeutic recreation practice.

Adventure Therapy and At-Risk Girls

Much of the research on adventure therapy programs for at-risk youth has concentrated on adolescent male or co-educational environments (Hunter, 1987; Parker & Stoltenberg, 1995; Pommier & Witt, 1995; Tate & Ellis, 1997; Voight, 1988; Witman, 1993; Witman & Munson, 1992). Yet, Witman provided evidence of gender-based differences between female and male adolescents who participate in adventure therapy programs. Conclusions from his study indicated that the female participants supported the value of the trust activities more, while the male participants were more focused on power and control concerns as they related to the activities. Culp (1998) concluded that single gender programs within outdoor recreation allowed girls opportunities to learn skills that they might not try if they were in a co-educational group. Mason and Wilson (1988) found that feelings of inferiority increased among girls who participated in outdoor activities in mixed gender environments. Because fewer girls engage in destructive behaviors than boys, co-ed rehabilitation programs typically have a higher ratio of boys than girls (Mason & Wilson). As a result, co-ed programs have the potential to reinforce feelings of inferiority when adolescent girls are in environments dominated by adolescent boys (Gilligan, 1991, 1993). In addition, critics of co-ed programs suggest that mixed environments most likely prevent girls from encountering positive reinforcements of their perceptions of self (Gilligan, 1991, 1993; Levitt, 1994; Mason & Wilson; Porter, 1996). Overall, the conclusions made from programs dominated by adolescent male participants may not necessarily generalize to the needs of adolescent female participants (Burdsal & Buel, 1980; Gilligan, 1993; Mason & Wilson).

Mason and Wilson (1988) suggested same gender environments were needed to fully achieve the aims of adventure therapy programs for adolescent girls. Since most of the literature focuses on rehabilitative adventure

therapy programs for males or co-ed environments, we know little about at-risk girls' feelings concerning their behavior and treatment in this type of setting. As a result, research studies focused on girls' participation in same-gender outdoor adventure/therapy programs are needed (Culp, 1998; Levitt, 1994; Porter, 1996).

Purpose of Study

The purpose of this interpretive study was to examine how 9 residents in a single gender outdoor residential psychiatric rehabilitation center for adolescent girls at-risk perceived themselves after participating in adventure therapy programs offered by the facility. The study also focused on the girls' interpretations of such outdoor adventure/experiential activities encountered during their rehabilitation program.

Research Questions

The research questions that guided this study were:

1. What perceptions do girls at-risk have about themselves after participating in the adventure therapy programs offered by the outdoor treatment facility where they are residents?

2. What meanings do the girls attach to such outdoor experiential activities?

Method

An interpretive paradigm provided the methodological framework for this study. Such a paradigm allows for greater understanding of the subjective meanings the girls in the study attached to the experiential activities in which they participated. To address the research questions in the study, the qualitative method of interviewing was chosen because it can provide some of the most powerful and richest data among various qualitative research methods (Henderson, 1991).

Theoretical and Methodological Framework

Symbolic interactionism was the theoretical framework used to guide the study (Blumer, 1969). Within this framework "symbols" embedded within words provide the source of qualitative data (Blumer, 1969; Henderson, 1991). Individuals express meanings through words not only derived from their own experiences, but also through the interactions and shared meanings that they have with other people. The "symbols" embedded within words and the meanings that people attach to their experiences provide data regarding the context and nature of these experiences and their perceptions of such experiences (Blumer; Henderson).

Interviewing is a common method to collect qualitative data (Henderson, 1991). Researchers who use interviewing to collect data have the advantage of being exposed to a variety of realities among participants. Holstein and Gubrium (1995) suggested the active interview is used by the researcher to understand the "hows" of developed meaning from the participants (the interactional, narrative procedures of knowledge production), as well as the "whats" of the interview technique (the issues guiding the interview). The interviewer becomes the research instrument and medium in which to collect, analyze, and report the participants' responses (Henderson).

The present study focused on the feelings, attitudes, and perceptions that the girls had about themselves after participating in experiential/adventure activities and the meanings they attached to the experiences. In-depth interviewing, where the participants were the experts of their own feelings and perceptions, was the means of data collection for this study. The girls brought their experiences to the interviewer and their words were reported and analyzed as data.

Setting

The psychiatric rehabilitation center where the participants resided at the time of this

study incorporated long-term residential wilderness camping and adventure therapy into its programming. Within this type of setting, residents commonly live in outdoor camps for up to one year depending on the progress of their rehabilitation. Residents are trained in and expected to exhibit the necessary skills for survival in challenging environments.

Within the context of long-term residential wilderness therapy programs, adventure therapy can be used to reinforce treatment and counseling offered within such a wilderness setting or within a facility-based setting (Datillo, 2000). Adventure activities such as ropes course elements and hiking expeditions may be provided on or nearby the grounds of these treatment facilities (Gass, 1993). The facility in this study combined the outdoor survival skills found in Campbell Loughmiller's (1965) wilderness camping with the above characteristics of adventure therapy programs. The adventure activities offered by the facility included three to four day backpacking/hiking trips in the mountains of North Carolina and experiential education sessions facilitated by a trained ropes course instructor on an accredited high and low ropes course available on the grounds of the main campus of the facility. (The facilitator was also employed as a substance abuse counselor for the entire facility.) The ropes course sessions lasted up to 4 hours and were commonly provided once a week depending on the cohesive and cooperative nature of the group.

The long-term residential rehabilitation facility in the study, located in rural central North Carolina, has been in existence since 1983. The facility is divided into two campuses (the main campus where the boys reside and a separate campus for the girls), which are approximately 5 miles apart. At the time of the study, there were a total of 21 residents who were girls. The girls were placed in the residential program due to a combination of issues including aggressiveness, depression, truancy, probation violation, detention, substance abuse, sexual abuse, physical abuse, eating disorders, and/or suicidal ideation or attempts. The ages of the girl residents admitted to the facility ranged from 9 to 18 and the length of stay varied from one week to one year.

Participants

All potential participants in the study had to have resided at the facility for at least 2 months. This period was chosen to give the girls time to acclimate to living at the facility and to have had some experience with adventure activities. In addition, all potential study participants had to have already participated in at least one session (4 hours) of ropes course initiatives (high or low) and one hiking trip. The number of girl participants targeted for the study was 7 to 10.

After the ropes course facilitator obtained a list of the girls who met the criteria for selection, the researcher made contact with the parent/guardian at the facility during parent visitation days or over the phone. A description of the study was provided to the parents/guardians and the participants. The researcher assured confidentiality. Consent and confidentiality forms were signed in person or sent through the mail. The researcher, the parents/guardians and the participants each received copies of the forms. After the criteria were met and appropriate consent was obtained, the final sample consisted of 9 participants.

The girls in the study ranged in ages from 13 to 18, with the average age being 15. One of the participants was African American; the remaining participants were European American. Six of the participants in the study were under the custody of at least one parent and 3 were under guardianship of the Department of Social Services. The range of residential stay for the study participants varied from 2 to 12 months with the average length of stay being 6 months. Each of the study participants had participated in one or two backpacking trips and between 2 and 24 sessions involving high or low ropes course initiatives. This variability in participation in ropes course sessions was due to variations in dates of admittance, the ability of each girl to participate safely (i.e., emotionally and physically), and scheduling

conflicts with other therapeutic programs offered at the facility.

Procedures

Prior to this study, the researcher had volunteered at the girls' treatment facility for 5 months helping with daily chores/projects and assisting the facilitator with group sessions at the ropes course. Before beginning data collection, support for conducting the study was received from facility administrators, in addition to the consent obtained from the university human subjects review board, the parents/guardians, and the participants themselves.

All 9 of the girls were interviewed once with 7 girls participating in a follow-up interview (2 of the girls were discharged before the second interview could be conducted). The interviewer/researcher was known by all of the participants. The interviews took place in a private room at the girls' campus, were tape-recorded (with permission) and transcribed by the researcher. The length of the interviews varied from 30 minutes to 2 hours. The time between the follow-up interviews varied from 4 days to 3 weeks. Variations in the length of interviews and time between interviews were due to scheduling appropriate and convenient times between the facility, the girls, and the researcher. The second interview consisted of either completing the guiding questions not asked during the first interview and/or following up on questions from the first interview.

The interview guide used in the study included the following questions:

- Tell me a little bit about yourself.
- How many times have you participated in ropes course and hiking trip activities?
- How well do you get along with the other members in your group, your counselors, and the facilitator of the ropes course?
- How did the ropes course activities and the hiking trip make you feel in general? How did they make you feel about yourself?
- What were your most and least favorite activities? And why?
- Do you feel that you could generalize or take what you learned about yourself back to campus when you were in individual and group treatment sessions? If so . . . how? If not . . . why?

The guiding questions for the participants were modified between interviews and became more defined in relation to the context of each interview while still stressing the major points of the guide. Some of the questions in the first interview were repeated in the second interview (e.g., those concerning their feelings and opinions regarding the experiential activities). The conformity and repetition in the interviews supported the trustworthiness of the data (Henderson, 1991). Confidentiality measures were taken by coding tapes and transcriptions of the interviews with pseudonyms that the girls created for themselves. The researcher also signed a promissory note of confidentiality.

The information within the transcribed interviews was then analyzed using the process of constant comparison, which "is a systematic method for recording, coding, and analyzing data" (Henderson, 1991, p. 147). The focus of this analytical technique is to compare individuals, groups of individuals, and the data within a study to maximize credibility. The technique for constant comparison in this study began by listening to the audiotapes, reading through, and re-reading all the transcripts. "Incidents" or units of responses from the interviews were coded by attaching names or labels that represented various aspects of the girls' responses. These codes were then grouped together into themes, which were identified by how the incidents "fit" together (Henderson, 1991). The themes and their properties were then re-evaluated through review of all the interviews and through comparing themes and properties with one another and with the data (Henderson; Lincoln & Guba, 1985). Finally, the themes and their properties were again reviewed to see if the data had reached satu-

ration (i.e., no new information was generated from the data; Henderson; Lincoln & Guba). As a result of using constant comparison as the data analysis technique for this study, continuity between the responses of the girl participants determined major themes or categories that were constructed from the data and lead to the establishment of grounded theoretical concepts (Henderson; Henderson, Bedini, Hecht, & Schuler, 1995; Lincoln & Guba).

Findings

Four themes were constructed from the data collected from interviewing the participants in the study:

1. The outdoor adventure/experiential activities brought out an awareness and existence of *trust* in oneself and in others;

2. The girls gained a sense of *empowerment* from participating in the adventure activities;

3. *Teamwork* improved during the experiential activities; and

4. The girls recognized *personal values* they gained within the experiences.

In the fourth theme, the recognition of personal value, included diverse opinions regarding trust, excitement/enthusiasm, reflection, self-perception, teamwork, etc. While some of these values were included within the first three themes, the various issues were so strongly personal throughout the interviews they merited a separate theme.

In addition, a sub-theme emerged from the fourth theme that focused on the inability to take these values back to campus. While recognizing their value, most of the girls voiced awareness in the lack of transfer of these values back to their life on campus at the treatment facility.

Trust

The first theme encompassed the participants' awareness and existence of trust that resulted from participation on the hiking trips and low and high ropes course initiatives. Most of the girls experienced a growing sense of trust within their group and within themselves while they were participating in these activities. Lisa insightfully provided an example of her growing trust in others. She stated, "I definitely trusted [my group] a lot more. Yeah, I think that I trusted them a lot more, with the right things, not like trusted them to, like, feed into me if I wanted to be negative and stuff." For Lisa, it was important to trust others to give her positive strokes; the ropes course helped in the development of this process. Similarly, Sky reported, "[The ropes course and hiking trip are] very important to me . . . I can trust my group more, you know, more than I did when I first came in here." Madeline also described how she developed self-trust through participation in the ropes course:

> [The ropes course showed] me that I have to, you know, I have to take a chance sometimes. And so, I learned that kinda and that helped me a lot. It taught me a lot, that I can trust myself more.

The importance these girls placed on trust is supported in the literature. For example, Witman (1993) found the female participants in his research study did value trust activities more than the male participants. In *Islands of Healing,* Schoel, Prouty, and Radcliffe (1988) reported that one of the strong points of the adventure programs is trust-building activities. The purpose of these activities is to prove to the participants they can be trustworthy themselves and they can depend on others to be supportive of them. The feedback provided by the participants in this study demonstrated the positive impact these adventure activities have on developing these feelings of trust, both with the group and themselves.

Empowerment

The second theme centered on a sense of empowerment the girls gained from the ropes

course and/or hiking trips. Psychological empowerment is characterized by a perceived feeling of control in one's life and is a contributing element to self-determination, which is an important client outcome in therapeutic recreation (Bullock & Mahon, 2000; Peterson & Stumbo, 2000; Zimmerman, 1995). Christy spoke about the benefits she perceived as empowering after she participated in the adventure activities:

> I just think, how can like a *hiking trip* . . . make me feel so good about myself? I mean, why doesn't everybody just go on a hiking trip! And, why doesn't everyone just go to the ropes course? . . . I feel like that's, like, an instant remedy to like, it's like, if you're having bad thoughts of yourself or somethin', to try that out!

The next quote by Cadedra illustrated the sense of growing empowerment expressed by several of the girls. The activities were avenues in which to note positive views in their abilities.

> [The ropes course] helped me learn that I can do certain things and that there's always hope for me . . . It helped me to learn who I am and what I can do, and made me feel like well, right now, I can do this, and I done it. I'm on top of things now . . . the ropes course makes me feel like I *can* instead of I *can't.*

In reference to the hiking trip, Lisa stated that one of the main things that made her feel better about herself was "the sense of accomplishment, like you actually did something that you didn't think that you could do and that you had never been willing to do before." Sky reported:

> I felt really totally awesome after the hiking trip. I knew that I accomplished it. [At first] I did not really want to go . . . [afterwards] I was like, wow! I wanted to go back and do it again. I was really excited! And I'm excited about the next one coming up!

Sky also reinforced her feelings by stating that, "I feel good about myself 'cause I conquered it and I didn't believe in myself that I could and I actually could! So if I really want to do something, then I can!"

In the next quote, self-confidence, trust, and motivation were focuses of empowerment for Madeline:

> [The hiking trip and ropes course] affected me a lot. A lot of self-confidence, trusting myself more, especially self-confidence, in doing things and setting goals for myself that I didn't think that I could do and I'd ever accomplish them. They'd make me feel better, so . . . it helped me a lot. And it was like a motivation for me when I was here [at the facility]!

The empowerment the girls in the study gained as a result of participating in the adventure activities was significant for them. The experiential activities brought out feelings and attitudes the girls usually did not experience in their everyday lives at the residential facility or at home. Initial inhibitions and negative self-concepts seemed to have been overcome with a sense of accomplishment, control, and feeling better about themselves as they participated in the hiking trips and/or high and low ropes course initiatives. "Empowerment is seen as a multi-level group process designed to lead to positive individual and social change . . . and commonly denotes outcomes of empowering activities, such as . . . increased self-esteem or increased control over personal [issues]" (Stein, 1997, p. 7).

Teamwork

The third theme of "teamwork" centered on another important goal within the adventure therapy programs. The girls acknowledged that teamwork improved as they participated

in the ropes course and/or hiking trips. Sky expressed:

> [The hiking trip] was really a time when the group joined together and showed their best. We pulled together and worked together as a team, and were really supportive of each other more than we usually are and it was a successful trip.

Some activities were structured so group members had to physically and mentally work together (e.g., *The Wall,* an element in the low ropes course). Gabrielle analyzed the process of being able to work together to accomplish the task of getting over the wall:

> At the ropes course . . . you all learn how to work together to accomplish somethin' like, *The Wall* or somethin'. There's somethin' big and you know it's like, you know, standin' in your way and you all have to work together. You got to pull each other and help each other over or you won't be able to move on . . . It just kinda helps you realize what you had and what you need, you know.

Leanne also expressed how she felt she could contribute individually to the concept of teamwork in her group:

> Ever since I got back, I like been workin' better, well actually, I got it from the hiking trip and I'm like, workin' a lot better with my group, like helpin' everybody out more and you know, tryin' to get them, their spirits up, so that they'll work and like themselves better. And every time I go to the ropes course, I come back and it like, always gets me in a good mood, so I can get other people in a good mood and I just like helping people out!

Teamwork is an important element for success on the low ropes course and at the facility itself. The girls "eat, live, and breathe" with their group members 24 hours a day, 7 days a week. Working well as a group is as important as the individual process of treatment at the facility. Schoel et al. (1988) described how some of the activities on the ropes course emphasized social responsibility through cooperation, communication, and leadership. They stated, adventure therapy objectives were established to help each participant develop skills in evaluating problems and developing solutions. Moreover, the adventure/experiential activities provided an atmosphere for empathy and concern for others. Many of the girl participants in this study recognized teamwork as an outcome, which in turn validated the course objectives and purpose of social responsibility fostered within these adventure activities.

Recognition of Personal Value

The fourth theme that was constructed from the data was the girls' recognition of personal values they gained while participating in the experiential activities. The next quote revealed Lisa's emerging recognition of her personal value:

> [The ropes course makes you feel good] because you're surprising people, making them proud of something that you wouldn't normally do. And not really proving them wrong, like proving yourself right.

Lisa learned, from the ropes course, it was important to her to prove herself right and not worry about proving others wrong. This new perspective was in contrast to her way of operating away from the ropes course. Christy also expressed a change in her attitude:

> On that hiking trip I *really* started to appreciate things . . . And it just makes me feel good that I actually got a lot out

of it. I think that's the main thing that makes me feel good about myself, the fact that I learned from it.

In the next quote, Madeline connected the two adventure therapy programs (the hiking trip and ropes course activities) together. She expressed how she experienced new expectations of herself and valued what she had learned from the ropes course facilitator:

> I've learned to push myself more and set higher expectations 'cause I had to do that at ropes course and on the hiking trip. I had to keep on pushing myself to get to the top of those hills. And at ropes course [Mr. Smith] says you get out of it what you put into it. And I mean, that helped me a lot.

Madeline went on to reflect upon her discharge from the facility for the next day:

> I'm just gonna remember what I learned at ropes course and on the hiking trips about listening to people cause I learned a lot there—listening to different people and their ideas and seeing them actually working out for the best in the end. Since I just listened to them, instead of being disrespectful, that helped! Yeah, and that's what I'm gonna bring.

Each girl attached personal meanings to her experiences within these adventure activities, whether it was in trust, empowerment, teamwork, excitement, reflection, facing her fears, or in terms of personal motivation. Three of the nine participants earned "motivation beads," which were given out to those who helped motivate others and who kept a positive attitude on the hiking trip. One girl, who had expressed an initial dislike in hiking, found value from one of the trips when she discovered she had more in common with her group members than she thought she did when they were back on campus. Several other girls found they could face their fears (in relation to treatment issues that brought them to the facility) on the ropes course and hiking trip. Realizing they could survive arduous adventure activities also enabled them to come to terms with surviving through their treatment issues, as well. Three girls revealed, after a great deal of self-initiated introspection, an appreciation of nature on the hiking trip. While a variety of positive meanings were derived from the experiences, a sub-theme did arise from this main theme of personal value: an awareness of the inability to transfer the values.

An Awareness of the Inability to Transfer the Values

While recognizing personal value in the ropes course and hiking trip activities, a subtheme was constructed from the fourth theme because most of the girls voiced awareness that they had difficulty transferring some of these values back to life on campus. For example, Gabrielle expressed:

> We accomplished . . . the ropes course most of the time . . . but we never bring it back here . . . because I guess it is just harder because there is a lot more like, structure here . . . The day after [the hiking trip] was . . . kinda still with us you know, and it was kinda hard to transitionin' back, so it was kind of confusing. And like a week after, like it kinda didn't stay with us that much, um, it should've and it could've!

Similarly, Mayonnaise stated, "Yeah, well we, try to accomplish a lot of things [at the ropes course] and we usually do and whenever we get back to campus we fall apart again." Lisa expressed that her group *occasionally* brings the values learned back to campus, but not always:

> Only if something like really different happens. Like, I don't know, if we do something like, like the high ropes or

> something like, we'll talk about it. Or something funny happens, we'll talk about it. But usually we won't bring it up. I don't know why. I think, I think it's cause um, maybe we want to keep it like special. And keep it like, um, like an off campus thing or something. Like keep it as motivation. Not like over focus on it while we're here [on campus].

Lisa continued later in the interview, "A couple of the really positive people usually expresses it like 'let's bring it back with us . . . don't let it wear off or anything.' But it usually wears off no matter how many people promise to keep it."

Verbalizing the inability to transfer the values from the adventure activities to their everyday lives on campus revealed concern and frustration from the girls' point of view. For example, one of the girls articulated how she felt she was able to face her fear of asking for help on the hiking trip and ropes course but was not able to do so back on campus. Some of the girls expressed a variety of reasons for why they perceived they were not bringing the values back. These reasons varied from being successful because they were away from the structure of campus to one girl wanting to keep the results of the activities "special" and separate from campus.

Discussion

From the interview responses of the girls who participated in this study, it is clear the girls constructed individual and group meanings that lead to the development of a more positive sense of self as a result of their participation in the adventure activities. Although the experiences during ropes course initiatives and hiking trips were rewarding and powerful, the girls also verbalized their inability to transfer some of what they learned about themselves and their personal values back to their everyday lives during treatment at the residential facility. The transfer of personal values from experiential activities can have a valuable impact on the treatment context within the lives of the participants whether in residence or at home (Teschner & Wolter, 1984). While taking place in an atmosphere of fun, the ropes course initiatives were regarded by the participants to be *connected* to issues in their treatment; however, some of the values they learned as a result of participation were not *transferred.* The girls voiced several reasons for this lack of transfer. In particular, one explanation for this lack of transfer could be related to the weak follow-up processes used after the girls returned to the facility campus. There were few opportunities presented to the girls when they returned to the campus to relate their experiences during the adventure therapy activities to issues they were facing back at campus and after their return home.

Kimball (1990) stated that an immediate "quick fix" in adventure therapy could be avoided by structuring programs to foster more intensive long-term therapeutic change. He also stated adventure activities were a valuable tool in the psychological evaluation of his clients in his program and the long-term therapeutic value of a program involves reporting the psychological processes rather than merely the behavioral content observed within the context of the activities. Proper observation, recording, and evaluation of the data can be the basis for achieving long-term therapeutic change. More importantly, as it relates to this study, there is a need for adventure therapy program leaders to have a deeper understanding of what actually goes on during and after experiential activities.

"Processing" is one way facilitators can achieve this deeper level of understanding (Gass, 1993; Kimball, 1990; Luckner & Nadler, 1995, 1997). As defined by Gass, processing is a technique "used to augment the therapeutic qualities based on an accurate assessment of the client's needs" (p. 219). This technique is structured so as to encourage clients to plan, reflect, analyze, describe, and communicate their experiences and it can occur prior to, during, and after the adventure

experience (Gass; Luckner & Nadler, 1995). The goal of processing is to enhance the richness of the adventure experience and what the participant learns through the experience can be used again and generalized to other settings (Luckner & Nadler, 1997). In addition, processing can help the individual client integrate and internalize the adventure experiences to help her grow and to have more choices and influences in her life (Luckner & Nadler, 1997). Hutchinson and Datillo (2001) suggested "a systematic approach to processing in association with therapeutic recreation activities would enhance the transfer of learning from the therapeutic process, and would strengthen the efficacy of their interventions" (p. 54).

In the context of the current study, processing occurred at the site of the ropes course before and after participation through techniques such as frontloading and debriefing (Hutchinson & Datillo, 2001). However, the girls would have benefited from further use of such techniques at the residential site before and after the adventure experiences, particularly if done with the ropes course facilitator and the girls' counselors who participated with them at the ropes course and on the hiking trips. Debriefing the adventure experiences back at campus could have helped facilitate the transfer of positive behaviors and attitudes the girls developed from participating in the ropes course initiatives and hiking trips to their everyday lives. The valuable feelings and perceptions discovered during such activities should not be kept away from the context of life for these girls back on campus or from issues they will face back at home.

Conclusions and Implications

In conclusion, the themes that were constructed from the data revealed that overall, the girls found positive meaning within the hiking trip and/or ropes course initiatives. The main themes constructed from the interviews with the girls were related to issues of trust, empowerment, and teamwork. In addition, the girls recognized personal value within the activities in terms of what the experiences meant to them individually. The girls seemed to internalize and feel good about what they saw in themselves. As Voight (1988) and Hunter (1987) established from their studies, outcomes and meanings from adventure/experiential activities can be individualized and facilitators and therapists implementing adventure therapy programs need to be aware of this as they assist participants to make sense of their experiences.

As mentioned previously, the girls' awareness of their lack of ability to transfer what they learned about themselves to their lives on campus revealed the need for continued processing of the adventure activity experiences after they returned from the outdoor context. A more intensive follow-up after adventure activities is needed to ensure that the connection between the development of personal values and other life contexts is supported on campus and at home (Teschner & Wolter, 1984).

Theoretical Implications

One theoretical implication for this study includes the concept of psychological empowerment, which refers to the process by which people create or are given opportunities to take control of their own future and influence the decisions that affect their lives at the time (Zimmerman, 1995). Empowering processes are a series of experiences in which individuals learn that a close connection exists between seeing and achieving their goals (Perkins & Zimmerman, 1995; Zimmerman) and which lead to people gaining mastery over their lives (Gibson, 1993). Mitten (1992) reported female participants in an outdoor recreation program experienced an increase in self-esteem and gained a sense of empowerment. Adventure activities can be empowering when they provide opportunities for skill development, shared leadership, and development of group identity. Empowerment-based practice helps individuals from disempowered groups gain a sense of control over their lives (Gibson). In the current study, the girls discovered new coping skills, learned to work as a team,

trusted themselves and their group members more and increased their contribution to group success as they participated in the outdoor adventure activities. These experiential activities served as a means for the girls to gain a sense of control over their lives during their participation.

The concept of empowerment as a framework for therapy for girls at-risk is also relevant and an important treatment outcome for all clients in therapeutic recreation. As presented earlier, girls are likely to experience a psychological crisis in adolescence, which may include an increase in depression, eating disorders, poor body image, suicidal thoughts and gestures, and a decrease in girls' sense of self-worth (Gilligan, 1991). Girls admitted to psychiatric rehabilitation centers due to severe diagnoses in such areas may encounter adventure therapy provided by a therapeutic recreation specialist. "As adults who work with girls, . . . we must cease to protect our girls and *prepare* them. We must . . . foster responsible risk taking, and provide opportunities for mastery, to prepare them to face reality" (Robinson, 1991, p. 249). Adventure activities accompanied by appropriate processing techniques can provide a means to help prepare at-risk girls for reality . . . to help them empower themselves.

A second theoretical implication for this study involves the concept of constructivism, which suggests people find meanings and values through an active learning process. Constructivism implies "learning is not simply the taking in of new information" (Luckner & Nadler, 1995, p. 177). The continuous construction and reconstruction of old, new and more complex meanings is developed by the learner (Gergen & Davis, 1985; Iran-Nejad, 1990; Luckner & Nadler, 1995, 1997). The process of making sense of experiences within the context of social interactions involves the continuous search for and the interpretation of the constructions of personal meaning (Luckner & Nadler, 1995, 1997). From this current study, the girls revealed, through their own powerful words, they did search for more complex meaning and interpretation within the experiential activities in which they participated. They did not just take the activities as new information. Instead, they constructed their perceptions into a deeper and richer context of learning.

Implications for Practice

A major purpose of adventure therapy is to provide a psychotherapeutic approach for individuals seeking or needing to change behaviors and to help participants move beyond the emotional limits they have placed upon themselves (Datillo, 2000; Gass, 1993; Luckner & Nadler, 1997; Rohnke, 1989). In addition, meanings derived from such experiences are intended to be incorporated back into the participant's individual and social "world" (Datillo, 2000; Gass, 1993). This study did reveal introspection and construction of meaning in the girls' views of trust, empowerment, teamwork, and personal value. Through their interviews, the girls revealed their perceptions of the unquestionable value of participating in experiential activities; these activities had powerful and positive influences on their emotions and attitudes. While finding their experiences to be beneficial during their activity participation, the girls in this study needed more extensive processing to take these meanings beyond the activity itself. For the experiences to be even more meaningful to the girls during their treatment program, in the future, including more processing techniques on campus with participants before and after, as well as during the experiential activities could have enhanced the rehabilitative method of adventure therapy. Further research is needed on the use of processing techniques in settings that use adventure activities as a therapeutic means. According to Datillo (2000), Hutchinson and Datillo (2001) and Luckner and Nadler (1995, 1997), processing is vital to the therapeutic nature of adventure therapy, especially if used as an intervention within therapeutic recreation. Researchers have reported the need to further study processing techniques with experiential activities and the lack of

long-term improvements in behaviors after participation in adventure therapy (Hutchinson & Datillo, 2001; Parker & Stoltenberg, 1995; Voight, 1988). The results from the current study also indicate further research on processing techniques within adventure therapy programs would be beneficial to the field of therapeutic recreation.

References

Austin, D. R. (1999). *Therapeutic recreation: Processes and techniques* (4th ed.). Champagne, IL: Sagamore Publishing.

Berman, D. S., & Davis-Berman, J. (1995). Outdoor education for troubled youth. *Eric Digest,* December. Charleston, WV: AEL, Inc (ERIC Document Reproduction Service No. ED1.331/2:EDO-RC-95-5)

Berman, D. S., & Davis-Berman, J. (2000). Therapeutic uses of outdoor education. *Eric Digest,* December. Charleston, WV: AEL, Inc (ERIC Document Reproduction Service No. ED1.331/2:EDO-RC-00-5)

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Englewood Cliffs, NJ: Prentice Hall, Inc.

Brasile, F., Skalko, T. K., & burlingame, j. (1998). *Perspectives in recreational therapy: Issues of a dynamic profession.* Ravensdale, WA: Idyll Arbor.

Bullock, C., & Mahon, M. (2000). *Introduction to recreation services for people with disabilities: A person-centered approach* (2nd ed.). Champaign, IL: Sagamore Publishing.

Burdsal, C., & Buel, C. L. (1980). A short-term community-based early stage intervention for behavior problem youth. *Journal of Clinical Psychology, 36*(1), 226–241.

Bureau for At-Risk Youth. (2001a). *Additional resources: At-risk FAQ* [On-line]. Available: http://www.at-risk.com/commun/addlres/whatisat.htm.

Bureau for At-Risk Youth. (2001b). *Reality clock: US Statistics—Occurrences since January 1, 2001* [On-line]. Available: http://www.at-risk.com/cgi/stats.cgi.

Carter, M. J., Van Andel, G. E., & Robb, G. M. (1995). *Therapeutic recreation: A practical approach* (2nd ed.). Prospect Heights, IL: Waveland Press.

Chakravorty, D., Trunnell, E. P., & Ellis, G. D. (1995). Ropes course and post-activity processing on transient depressed mood of hospitalized adult psychiatric patients. *Therapeutic Recreation Journal, 29,* 104–113.

Culp, R. (1998). Adolescent girls and outdoor recreation: A case study examining constraints and effective programming. *Journal of Leisure Research, 30,* 356–379.

Datillo, J. (2000). *Facilitation techniques in therapeutic recreation.* State College, PA: Venture Publishing.

Education Commission of the States. (1988). *Securing our future: A report of the national forum for youth at risk.* Denver, CO: Education Commission of the States Distribution Center.

Ewert, A. W. (1989). *Outdoor adventure pursuits: Foundations, models, and theories.* Columbus, OH: Publishing Horizons, Inc.

Gass, M. A. (1993). *Adventure therapy: Therapeutic applications of adventure programming.* Dubuque, IA: Kendall/Hunt Publishing Company.

Gergen, K. J., & Davis, K. E. (Eds.). (1985). *The social construction of the person.* New York: Springer-Verlag.

Gibson, C. M. (1993). Empowerment theory and practice with adolescents of color in the child welfare system. *Families in society: The Journal of Contemporary Human Services, 74,* 387–396.

Gilligan, C. (1991). Women's psychological development: Implications for psychotherapy. In C. Gilligan, A. Rogers, & D. Tillman (Eds.), *Women, girls and psychotherapy: Reframing resistance* (pp. 5–31). Binghamton, NY: Harrington Park Press.

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Henderson, K. A. (1991). *Dimensions of choice: A qualitative approach to recreation, parks, and leisure research.* State College, PA: Venture Publishing, Inc.

Henderson, K. A., Bedini, L. A., Hecht, L., & Schuler, R. (1995). Women with physical disabilities and the negotiation of leisure constraints. *Journal of Leisure Studies, 14,* 17–31.

Henderson, K. A., & King, K. (1998). Recreation programming for adolescent girls: Rationale and foundations. *Journal of Park and Recreation Administration, 16*(2), 1–14.

Holstein, J. A., & Gubrium, J. F. (1995). *The*

active interview. Thousand Oaks, CA: Sage Publications.

Hunter, I. R. (1987). The impact of an outdoor rehabilitation program for adjudicated juveniles. *Therapeutic Recreation Journal, 21*(3), 30–43.

Hutchinson, S. L., & Datillo, J. (2001). Processing: Possibilities for therapeutic recreation. *Therapeutic Recreation Journal, 35,* 43–56.

Iran-Nejad, A. (1990). Active and dynamic self-regulation of learning processes. *Review of Educational Research, 60,* 573–602.

Johnson, J. A. (1992). Adventure therapy: The ropes-wilderness connection. *Therapeutic Recreation Journal, 26*(3), 17–26.

Kelly, J. R., & Godbey, G. (1992). *The sociology of leisure.* State College, PA: Venture Publishing, Inc.

Kimball, R. (1990). In J. C. Miles & S. Priest (Eds.), *Adventure Education* (pp. 11–15). State College, PA: Venture Publishing, Inc.

Kraus, R., & Shank, J. (1992). *Therapeutic recreation service: Principles and practice* (4th ed.). Dubuque, IA: Wm. C. Brown Publishers.

Krichbaum, D., & Alston, M. A. (1991). Youth restitution and recreation: A successful mix. *Parks and Recreation, 26*(3), 42–45.

Laurence, M., & Stuart, T. (1990). In J. C. Miles & S. Priest (Eds.), *Adventure Education* (pp. 379–383). State College, PA: Venture Publishing, Inc.

Levitt, L. (1994). What is the therapeutic value of camping for emotionally disturbed girls? *Women and Therapy, 15*(3/4), 129–137.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage Publications.

Loughmiller, C. (1965). *Wilderness road.* The University of Texas, Austin, TX: The Hogg Foundation for Mental Health.

Luckner, J. L., & Nadler, R. S. (1995). Processing adventure experiences: It's the story that counts. *Therapeutic Recreation Journal, 29,* 175–183.

Luckner, J. L., & Nadler, R. S. (1997). *Processing the experience: Strategies to enhance and generalize learning* (2nd ed.). Dubuque, IA: Kendall/Hunt Publishing.

Mason, G., & Wilson, P. (1988). *Sport, recreation and juvenile crime.* Canberra, Australia: The Australian Institute of Criminology.

Mitten, D. (1992). Empowering girls and women in the outdoors. *Journal of Physical Education, Recreation, and Dance, 63,* 56–60.

Parker, M., & Stoltenberg, C. D. (1995). Use of adventure experiences in traditional counseling interventions. *Psychological Reports, 77*(3), 1376–1378.

Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology, 23,* 569–579.

Peterson, C. A., & Stumbo, N. J. (2000). *Therapeutic recreation program design: Principles and Procedures* (3rd ed.). Needham Heights, MA: Allyn and Bacon.

Pommier, J. H., & Witt, P. A. (1995). Evaluation of an Outward Bound school plus family training program for the juvenile status offender. *Therapeutic Recreation Journal, 29,* 86–103.

Porter, T. (1996). "Connecting with courage," An Outward Bound program for adolescent girls. In K. Warren (Ed.), *Women's voices in experiential education* (pp. 267–275). Boulder, CO: Association for Experiential Education.

Rawson, H. E. (1978). Short-term residential therapeutic camping for behaviorally disordered children aged 6–12: An academic remediation and behavior modification approach. *Therapeutic Recreation Journal, 12*(4), 17–23.

Robb, G. M., & Ewert, A. (1987). Risk recreation and persons with disabilities. *Therapeutic Recreation Journal, 21*(1), 58–68.

Robinson, C. R. (1991). Working with adolescent girls: Strategies to address health status. In C. Gilligan, A. Rogers, & D. Tillman (Eds.), *Women, girls and psychotherapy: Reframing resistance* (pp. 241–252). Binghamton, NY: Harrington Park Press.

Rohnke, K. (1989). *Cowstails and cobras II: A guide to games, initiatives, ropes courses, and adventure curriculum.* Dubuque, IA: Kendall/Hunt Publishing.

Schleien, S. J., & O'Morrow, G. (1981). Recreation for the incarcerated: Treatment or privilege? *Parks and Recreation, 16*(2), 47–51.

Schoel, J., Prouty, D., & Radcliffe, P. (1988). *Islands of healing.* Hamilton, MA: Project Adventure, Inc.

Snyder, H., & Sickmund, M. (1999). *Juvenile Offenders and Victims: 1999 National Report.* Washington, D.C.: Office of Justice and Delinquency Prevention.

Stein, J. (1997). *Empowerment and women's*

health: Theory, methods, and practice. Atlantic Highlands, NJ: Zed Books.

Tate, D. W., & Ellis, G. D. (1997). Effects of facilitation techniques on challenge initiative related outcomes among adolescents receiving mental health services. *Therapeutic Recreation Journal, 31,* 92–107.

Teschner, D. P., & Wolter, J. J. (Eds.). (1984). *Wilderness challenge: Outdoor education alternatives for youth in need.* Hadlyme, CT: The Institute of Experiential Studies.

Voight, A. (1988). The use of ropes courses as a treatment modality for emotionally disturbed adolescents in hospitals. *Therapeutic Recreation Journal, 22*(2), 57–64.

Witman, J. P. (1993). Characteristics of adventure programs valued by adolescents in treatment. *Therapeutic Recreation Journal, 27,* 44–50.

Witman, J., & Munson, W. (1992). Outcomes of adventure programs for adolescents in psychiatric treatment. *Annual in Therapeutic Recreation, 3,* 44–57.

Witt, P. A., & Crompton, J. L. (Eds.). (1996). *Recreation programs that work for at-risk youth: The challenge of shaping the future.* State College, PA: Venture Publishing, Inc.

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology, 23,* 581–599.